MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Henry

Township Bethlehem

City Clinton (No. , St. , Ward)

Registration District No. 347

Primary Registration District No. S 489 A

File No. 1141

Registered No. 126

2. FULL NAME Mary Hinderer

(a) Residence, No. St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George M Hinderer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't Know

7. AGE YEARS 72 | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden Switzerland

13. NAME (FATHER) Sutter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

15. MAIDEN NAME (MOTHER) Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) George M Hinderen Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL Englewood DATE 1-12-33

19. UNDERTAKER (ADDRESS) Fred Wilkinson Clinton Mo

20. FILED 1-11, 1933 Ed C Peelor Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/38, 1932 to 1/11, 1933 I last saw her alive on 1/10, 1933 Death is said to have occurred on the date stated above, at 12:30 p. m.

The principal cause of death and related causes of importance were as follows: Date of onset

Multiple Arthritis

Endocarditis

Cerebral Embolism

Other contributory causes of importance: 92B 82B 57A 92B

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Ed C Peelor , M. D.

(Address) Clinton Mo